FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Socretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # COASTLINE ELECTRIC COMPANY OF PENSACOLA, INC. Principal Place of Business Mailing Address 10851 CHEMSTRAND ROAD 10851 CHEMSTRAND ROAD PENSACOLA FL 32514 PENSACOLA FL 32514 3. Date Incorporated or Qualified 3a. Date of Last Report 05/07/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3127698 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes ☐ Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LAMY, SCOTT 82 Street Address (P.O. Box Number is Not Acceptable) 10851 CHEMSTRAND ROAD PENSACOLA FL 32514 83 84 City 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typied or printed name of registerest agent and title if acordable TIALE CR2E034 (12/95) 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1. 1 TILLE Change Addition LAWY, SCOTT NAME 1.2 NAME 10851 CHEMSTRAND RD STREET ADDRESS 1.3 STREET ADDRESS PENSACOLA FL CITY - S1 - ZIP 1.4 CITY - ST - 7IP THILE DELETE 2 1 TITLE Change Addition NAME **NELLUMS, MICHAEL** 2.2 NAM: 5402 PIPELINE RD STREET ADDRESS 2.3 STREET ADDRESS PENSACOLA FL CITY-ST-ZIP 2 4 CHY-ST-ZIF DELFTE 3 110 LE Change Addition KELSON, LENORE NAME 3.2 NAME 1510 W. CYPRESS ST. STREET ADDRESS 3.3 STREET ADDRESS PENSACOLA FL CHTY - ST - ZIP 34 CHY-ST-2iP TITLE DELETE 4 1 1 TLE ☐ Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-S1-ZIP 4.4 CITY - S1 - ZIP TOTAL DELETE 5. 1 TITLE ☐ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 C/TY - S1 - Z/P TITLE DELETE 6 1 TITLE Change | Addition NAME 6.2 NAME STREEL ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CHTY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(d), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: